

**Maine Department of Health and Human Services
Division of Licensing and Regulatory Services
Community Services Programs
Request for Waiver**

☐ **Assisted Housing Programs (Includes: Level I, II, III, IV and Assisted Living Programs)** - See Section 3.23 of Regulations Governing the Licensing and Functioning of Assisted Housing Programs.

☐ **ADSP** - See Section 2070 of “Regulations Governing the Licensing & Functioning of Adult Day Services Programs”.

Name of Facility: _____ Signature of Administrator: _____

Address: _____ Date: _____

Regulation Number	Explanation of the reason(s) why the regulation(s) cannot be met:	Alternative method of how the facility will meet the intent of the regulation(s):

FOR AGENCY USE ONLY:

Action taken by Department:

Manager: _____ Date: _____

☐ Approved ☐ Not Approved

Comments: _____

Instructions for Requesting a Waiver

Waiver: The Department may waive or modify any provision(s) of these regulations as long as the provision is not mandated by state or federal law and does not violate resident rights described in Section 5 of these regulations. The applicant/licensee shall indicate, in writing, what alternative method will comply with the intent of the regulation for which the waiver is sought. If approved, the waiver may be time limited.

Include the following information on the request for a waiver:

1. A statement of the regulation for which a waiver is requested.
2. An explanation of the reasons why the provision cannot be met and a waiver is being requested; and
3. A description of the conditions that will be maintained during the term of the waiver.

Informal review of waiver denial: The applicant/licensee may appeal a decision of the Department to deny a waiver request by submitting a written request for an informal review by the Department, or its designee, within ten (10) working days of the date of receipt of the denial. The applicant/licensee shall state in the written request, the grounds for the appeal. Should the applicant/licensee disagree with the informal review decision, an administrative hearing (pursuant to the Maine Administrative Procedure Act) may be requested within ten (10) working days of the date of notice or receipt of the informal review decision by writing to the Department. **Write to: Assistant Director, Division of Licensing and Regulatory Services, Community Services Programs, 11 State House Station, Augusta, Maine 04333-0011.**